

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/535 244**

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            |          |      | 1                                  |      |                                    |      |
| 2            |          |      |                                    |      |                                    |      |
| 3            |          |      |                                    |      |                                    |      |
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| TOTAL IND.   |          | ↓    | 1                                  | ↓    |                                    | ↓    |
| TOTAL DEP.   | ←        |      | 8                                  | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      | 9                                  |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | ←        |      |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |

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